

## Interview Summary

**Application No.**

09/993,387

**Applicant(s)**

RAYNOR ET AL.

**Examiner**

Anthony J. Daniels

**Art Unit**

2622

All participants (applicant, applicant's representative, PTO personnel):

(1) Anthony J. Daniels.

(3) \_\_\_\_\_

(2) Michael Taylor.

(4) \_\_\_\_\_

Date of Interview: 9/28/07; 10/1/07.

Type: a) ☒ Telephonic b) ☐ Video Conference  
c) ☐ Personal [copy given to: 1) ☐ applicant 2) ☐ applicant's representative]

Exhibit shown or demonstration conducted: d) ☐ Yes e) ☒ No.  
If Yes, brief description: \_\_\_\_\_

Claim(s) discussed: all independent.

Identification of prior art discussed: \_\_\_\_\_

Agreement with respect to the claims f) ☒ was reached. g) ☐ was not reached. h) ☐ N/A.

Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: On 9/28/2007, the examiner indicated that claim 11 as written is not allowable in view of AIPA and the new KSR ruling. The examiner proposed including the limitations of claim 18 into claim 11 to make claim 11 allowable and similarly amending independent claims 21 and 30. On 10/1/2007, Applicant's representative gave permission for this to be done and faxed to the examiner the proposed amendments to the claims.

(A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)

THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER OF ONE MONTH OR THIRTY DAYS FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.



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SUPERVISORY PATENT EXAMINER

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.

\_\_\_\_\_  
Examiner's signature, if required